

WERC-4
E/ME/SE
4/96

STATE OF WISCONSIN
WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. Box 7870, Madison, WI 53707-7870
(608) 266-1381

PETITION TO CLARIFY BARGAINING UNIT

INSTRUCTIONS: Submit an original and 5 copies to the Commission. Attach additional sheets as needed.

The petitioner requests the Commission, pursuant to Chapter 111 of the Wisconsin Statutes, to clarify the collective bargaining unit below as requested.

1. Name and address of the employer involved:

Principal representative:

Phone No.

2. Description of existing bargaining unit: _____ Certified*; _____ Voluntarily Recognized
*If certified, give date and decision number: _____

Approximate number of employees in existing unit: _____

3. Identify position(s) and number of employees in the position(s) requested to be included in, or excluded from, existing bargaining unit.

TO BE INCLUDED:

TO BE EXCLUDED:

4. State reasons for the proposed inclusion or exclusion of each position.

5. Complete name, address, phone number and affiliation, if any, of the petitioner:

Principal representative:

Phone No.

I declare that I have read the contents of the instant petition and that the statements contained herein are true to the best of my knowledge and belief.

Name

Title

Date